



**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing



Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	4646.000026
First Named Inventor	Kuramoto, Simpey
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STABLE HOMOGENEOUS DRINK COMPOSITION INCLUDNG PARTICULATE CEREAL PRODUCT

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet Patent and Trademark Office/SB/02B attached hereto

Please type a plus sign (+) inside this box

+

PTO/SB/01 (12/97)

Approved for use through 6/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION - UTILITY OR DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365⁰ of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Patent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet Patent and Trademark Office-SB/02B attached.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

<input checked="" type="checkbox"/> Customer Number	23387	→	
OR			
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below			

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet Patent and Trademark Office-SB/02C attached hereto.

Direct all correspondence to:	<input type="checkbox"/> Customer Number or Bar Code Label	 23387 PATENT TRADEMARK OFFICE	OR	<input type="checkbox"/> Correspondence address below
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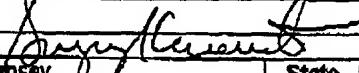
Name		
Address		
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City	State	ZIP
Country	Telephone	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A Petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

Simpey Kuramoto

Inventor's Signature  Date 11/9/01

Residence: City Ramsey State NJ Country United States Citizenship U.S.

Post Office Address 270 Nottingham Road

City Ramsey State New Jersey ZIP 07448 Country United States

Additional inventors are being named on the Supplemental Additional Inventor(s) sheet(s) Patent and Trademark Office-SB/02A attached hereto

Please type a plus sign (+) inside this box → +

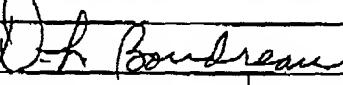
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
Deborah		Boudreau						
Inventor's Signature							Date	11/9/01
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
///		///						
Inventor's Signature							Date	
Residence: City		State		Country	UNITED STATES	Citizenship	U.S.	
Post Office Address								
Post Office Address								
City		State		ZIP		Country	UNITED STATES	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
///		///						
Inventor's Signature							Date	
Residence: City		State		Country	UNITED STATES	Citizenship	U.S.	
Post Office Address								
Post Office Address								
City		State		ZIP		Country	UNITED STATES	

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2				
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

C.A. McCampbell

Inventor's Signature  **Date** 11/09/01

Residence: City Stafford State New York Country United States **Citizenship** U.S.

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City Stafford State New York ZIP 14143 Country United States

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

///

Inventor's Signature **Date**

Residence: City State Country UNITED STATES **Citizenship** U.S.

Post Office Address

Post Office Address

City State ZIP Country UNITED STATES

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

///

Inventor's Signature **Date**

Residence: City State Country UNITED STATES **Citizenship** U.S.

Post Office Address

Post Office Address

City State ZIP Country UNITED STATES

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

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Inventor's Signature **Date**

Residence: City State Country UNITED STATES **Citizenship** U.S.

Post Office Address

Post Office Address

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